ONSLOW COUNTY CALENDARING REQUEST FOR PRIVATE TERMINATION OF PARENTAL RIGHTS CASE And NOTICE OF HEARING TO OPPOSING PARTIES (Onslow TPR Form - 1)

STATE OF NORTH CAROLINA JUVENILE DIVISION	IN THE GENERAL COURT OF JUSTICE FILE NO.:
IN RE:	
PARTIES: Petitioner:	ATTORNEYS OF RECORD:
Respondent:	
Respondent:	
GAL:	
Session Date:	Presiding Judge:
Specific Issue(s) to be heard:	_
Estimated Court Time Needed for Hearing:	
IF CALENDARING FOR A FINAL TERMINATION HEARIN That the time for A Responsive Plea	
That a Guardian ad Litem has been the Respondent Parent.	appointed if an Answer or Responsive Pleading has been filed by
court.	onflict with a Juvenile or Department of Social Services term of
(THIS CERTIFICATION DOES NOT APPLY TO PRELIMIN	NARY ISSUES AND MAY BE OMITTED.)
	ne information herein is true, that the issues calendared are ready to be the date requested. It is therefore requested that the issues listed be
NOTICE OF HEARING: Notice is given that the opposing to have this matter heard regardless of whether the other p	parties may appear if they so desire, but that the undersigned will proceed parties appear.
parties or their counsel of record by depositing the same in by hand delivery, or by another authorized manner, and the	hat a copy of this document has this day been served on the opposing in the United States Mail, postage prepaid and addressed as set forth below, at a copy has been furnished to the Onslow County Juvenile Court Clerk. he names and addresses of those served along with the method of service.
	Name and address of attorney making request:
(Signature of Attorney making request)	
(Date)	

ATTACHMENT "A" To Onslow TPR Form 1

CASE NO.	
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I have served the foregoing calendar request on all opposing parties or their attorneys of record on the date and in the manner set forth below:				
(name)	(address)	(date)	(method)	
(name)	(address)	(date)	(method)	
(name)	(address)	(date)	(method)	
(name)	(address)	(date)	(method)	
(name)	(address)	(date)	(method)	
(name)	(address)	(date)	(method)	
I certify to the cour	t the truth of the information provid	ed above.		
(signature)		(date)		
Attorney for:		_		